

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
<u>Michael L. Williamson</u>	
Defendant	TYPE OF PROCESS Summon and Complaint Order of Possession
<u>Rachael Wheeler</u>	

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Rachael Wheeler
 Richland Correctional Institution, 1001 Olivesburg Rd. Mansfield, Ohio 44905

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Michael L. Williamson A423-451 Richland Correctional Institution 1001 olivesburg Rd. Mansfield, Ohio 44905	Number of parties to be served in this case	1
	Check for service on U.S.A.	XXX

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Rachael Wheeler is a licensed nurse practitioner who is employed by the ODRC at Richland Correctional Institution, 1001 Olivesburg Road, Mansfield, Ohio 44905. Phone number is unknown.

Attempt service between 7: a.m. and 4: p.m. Monday through Friday.

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<u>Michael L Williamson</u>	<input type="checkbox"/> DEFENDANT	N / A	8-2-2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Michael L. Williamson

DEFENDANT

Annette Chambers-Smith

COURT CASE NUMBER

TYPE OF PROCESS Summons and Complaint
Order of Possession

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Annette Chambers-Smith
 4545 Fisher Rd., Suit D Columbus, Ohio 43228

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

<input type="checkbox"/> Michael L. Williamson A423-451 Richland Correctional Institution 1001 Olivesburg Rd. Mansfield, Ohio 44905	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	XXX

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:)

Fold

Fold

Annette Chambers-Smith is the Director of all Ohio prisons and is responsible for all State employees. Her office is located at 4545 Fisher Road, Columbus, Ohio 43228. Phone number is unknown.

Attempt service between 7: a.m. and 4: p.m. Monday through Friday.

Signature of Attorney other Originator requesting service on behalf of:

Michael L Williamson

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER
N / ADATE
8-2-2022

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

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Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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5. ACKNOWLEDGMENT OF RECEIPT

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